U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U - 5840		2. Fiscal Year Covered From:		
		1 / 1 / 2004 Through: 12 / 1 / 2004		
Name and address of person filing.		4. Name, file number, and address of labor organization.		
Name <sub>Pat</sub>	Donaroma	Name IATSE Local 631		
		Labor Organization File Number 03 4 398		
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any Suite 200		
Street 6709 Bittersweet Lane		Street 5385 Conroy Road		
City Orlando		City Orlando		
State Florida	ZIP Code + 4 32819	State Florida ZIP Code + 4 32811		
5. Position in labor organization. Assistant Business Representative				

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	<b></b> .
Trade Name, if any:	,
P.O. Box, Bldg., Room No., if any	7 h Amount
	7.b. Amount.
Street	
City	
State ZIP Code + 4	

## Signature

15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompanyi undersigned's knowledge and belief, true, correct, and complete. (See the sec	ng docur	nents), has been exami	ined by the signatory and is, to the best of the
Signed Partional Soma	On	8/1/2005	(407)355-0513

Date

Telephone Number

Name of Person Filing Pat Donaroma	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name	a. Labor Organization			
Trade Name, if any:	b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street				
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			